

Permit #: 20106

Date Issued: 1-16-96

County: Bates

Date Cancelled: \_\_\_\_\_

CONFIDENTIAL UNTIL: \_\_\_\_\_

Date Plugged: 1-16-96

COMMENTS:

OCC FORMS	Date Received
1	
2	
3	1-16-96
3i	
4	
4i	
5	
6	
7	2-1-96
8	
11	
12	
Misc. Form 2	

	TYPE	ID #	Date Received
Logs			
Samples			
	chip		
	core		
Analyses			
	water		
	core		
Additional Submitted Data:			

## APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

APPLICATION TO DRILL ☐DEEPEN ☐PLUG BACK ☐ *Plugged*for an oil well ☐or gas well ☐

Hydrocarbon Test X

NAME OF COMPANY OR OPERATOR

Town Oil Co.

DATE 1-16-96

16205 W. 287 St.

Paola

Kansas 66071

Address

City

State

## DESCRIPTION OF WELL AND LEASE

Name of lease

Swickhamer

Well number

3

Elevation (ground)

855

WELL LOCATION

(give footage from section lines)

450

ft. from (N) (S) sec. line

700

ft. from (E) (W) sec. line

WELL LOCATION

Section 36

Township 39

Range 33

County

Bates

Nearest distance from proposed location  
to property or lease line:

N/A

feet

Distance from proposed location to nearest drilling,  
completed or applied for well on the same lease:

N/A

feet

Proposed depth:

75

Drilling contractor, name &amp; address

Town Oil Co.

Rotary or Cable Tools

Rotary

Approx. date work will start

1-16-96

Number of acres in lease:

120

Number of wells on lease, including this well,  
completed in or drilling to this reservoir:

0

Number of abandoned wells on lease:

0

If lease, purchased with one or more  
wells drilled, from whom purchased:

Name N/A

No. of Wells: producing 0

injection 0

inactive 0

abandoned 0

Address

Status of Bond

Single Well ☐

Amt.

Blanket Bond ☒

Amt.

\$60,000

☒ ON FILE☒ ATTACHEDRemarks: (If this is an application to deepen or plug back, briefly describe work to be done, giving present  
producing zone and expected new producing zone) use back of form if needed.

N/A

Proposed casing program: N/A

amt.

size

wt./ft.

cem.

Approved casing -- To be filled in by State Geologist

N/A

amt.

size

wt./ft.

cem.

I, the undersigned, state that I am the \_\_\_\_\_ of the \_\_\_\_\_ (company),  
and that I am authorized by said company to make this report, and that this report was prepared under my supervision and direction and  
that the facts stated therein are true, correct and complete to the best of my knowledge.

Signature

*Lester Town*

Permit Number: 20106

Approval Date: 1/16/96

Approved By: *Jane Holly Wilson*☒ Drillers log required☒ E-logs required if run☒ Core analysis required if run☒ Drill stem test info. required if run☐ Samples required☐ Samples not requiredNote: This Permit not transferable to any other  
person or to any other location.Remit two copies to: Missouri Oil and Gas Council  
P.O. Box 250 Rolla, Mo. 65401

One will be returned for driller's signature

WATER SAMPLES REQUIRED ☐

Approval of this permit by the Oil and Gas Council does not constitute endorsement of the geologic merits of the  
proposed well nor endorsement of the qualifications of the permittee.



MISSOURI DEPARTMENT OF NATURAL RESOURCES  
MISSOURI OIL AND GAS COUNCIL  
PLUGGING RECORD

FORM OGC-7

OWNER Town Oil Co.		ADDRESS 16205 W. 287 St. Paola, KS. 66071	
NAME OF LEASE Swickhamer		WELL NUMBER 3	PERMIT NUMBER (OGC-3 OR OGC-3I NUMBER) 20106
LOCATION OF WELL 450' FNL 700' FWL		SEC-TWP-RNG OR BLOCK & SURVEY 36-39N-33W	COUNTY Bates
APPLICATION TO DRILL THIS WELL WAS FILED IN NAME OF: Town Oil Co.		HAS THIS WELL EVER PRODUCED OIL OR GAS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	CHARACTER OF WELL AT COMPLETION (INITIAL PRODUCTION) OIL (BBLS/DAY) N/A GAS (MCF/DAY)
DATE ABANDONED 1-16-96	TOTAL DEPTH 11'	AMOUNT WELL PRODUCING PRIOR TO ABANDONMENT OIL (BBLS/DAY) N/A GAS (MCF/DAY)	WATER (BBLS/DAY)
Name of each formation containing oil or gas. Indicate which formation open to well bore at time of abandonment. N/A		Fluid content of each formation	Depth interval of each formation
			Size, kind, & depth of plugs used, giving amount cement. 1 sack cement
SIZE PIPE N/A	PUT IN WELL (FT)	PULLED OUT (FT)	LEFT IN WELL (FT)
GIVE DEPTH AND METHOD OF PARTING CASING (SHOT, RIPPED, ETC.)			
PACKERS AND SHOES			
WAS WELL FILLED WITH MUD-LADEN FLUID?		INDICATE DEEPEST FORMATION CONTAINING FRESH WATER	
NAME AND ADDRESSES OF ADJACENT LEASE OPERATORS OR OWNERS OF THE SURFACE			
NAME		ADDRESS	
DIRECTION FROM THIS WELL			
N/A			
METHOD OF DISPOSAL OF MUD PIT CONTENTS		N/A	
NOTE FILE THIS FORM IN DUPLICATE WITH (USE REVERSE SIDE FOR ADDITIONAL DETAIL)			
CERTIFICATE I, the undersigned, state that I am the partner of the Town Oil Co. (Company), and that I am authorized by said company to make this report; and that this report was prepared under my supervision and direction and that the facts stated therein are true, correct, and complete to the best of my knowledge.			
SIGNATURE Lester Town Oil Co.		DATE 1-19-96	